

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048486

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

10-2270543 SL-7501 1003 12569

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY ST. LOUIS

c. CITY OR TOWN ST LOUIS

Inside Limits

Yes ☐ No ☒

d. STREET (If outside, give location)

13049 LAKERIDGE DRIVE

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First GEORGE

Middle

A. KELSCH (KELCH)

Last

4. DATE OF DEATH

Month DECEMBER

Day

27

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-7-79

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY

Niedringhaus

11. BIRTHPLACE (City and state or country)

LOCK PORT N.Y.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

ANTHONY KELCH

13b. MOTHER'S MAIDEN NAME

ELIZABETH

MISLER

14. NAME OF HUSBAND OR WIFE

ELLA KELSCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service)

YES

SPAW

17. INFORMANT

13049 LAKERIDGE DRIVE

CATHERINE FLATBUSH ST. LOUIS, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Embolism

DUE TO (b)

Periprostatic Thrombophlebitis

DUE TO (c)

Acute Bacterial Enteritis with Early Peritonitis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from

11-1-62

to 12-27-62

and last saw him alive on 12-27-62

Death occurred at

9:05 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or title)

Gordon W. Peltz

22b. ADDRESS

M D. VAH, ST. LOUIS, MISSOURI

22c. DATE SIGNED

12-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

12/31/1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Buchholz Mortuary 5967 W. Florissant

25. DATE RECD. BY LOCAL REG.

DEC 31 1962

26. REGISTRAR'S SIGNATURE

Earl Smith. M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

ITEM NO.

DATE AMENDED

INSTEAD OF

VS 300

Rev. 4/59

1

2400023

3

4

5

6

7

8

9

10

11

12

13

1283-0

83

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wilfred H. Buckholz

Licensed Embalmer No.

4557

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.